File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A

**Reset Form** 

## FOR INSTRUCTIONS, SEE BACK OF FORM

CAMPAIGH DISCLOSURE BD

0.00

NO

YES

0.00

| Des Moines, Iowa 50319 Fax: 515-281-4073 FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE |                                                                                                                                                  |                                                                                                                       |                        | 2000 DEC 24 AM 9:51                        |                                        |  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------|----------------------------------------|--|
| COMMITTEE NAME (Must be                                                                             | same as on Statement of Org                                                                                                                      | anization)                                                                                                            | <u> </u>               | -024 Al                                    | 1 9:51                                 |  |
| Garrett For Supervisor                                                                              |                                                                                                                                                  |                                                                                                                       |                        | FORM                                       |                                        |  |
| (1)Statewide/Legislative/Judge S<br>(4)County Central Committee (5                                  | of committee you are reporting for:<br>tanding for Retention Candidate (<br>)County Candidate ( 6 )City Cand<br>y PAC ( 9 )City PAC ( 10 )School | 2) State PAC (3) State Party<br>idate (7) School Board or Other Political<br>Board or Other Political Subdivision PAG | al E                   | DR-2<br>Rev. 07/2007)<br>or Office Use Ori | DISCLOSURE<br>REPORT                   |  |
| CANDIDATE COMMITTEES C<br>Candidate Name<br>Donald H. Garrett                                       | ONLY:                                                                                                                                            | Political Party (if applicable) Democrat                                                                              | S                      | ogged in                                   |                                        |  |
| Office Sought<br>County Board Of Supervis                                                           | ors                                                                                                                                              | District (if Senate or House)                                                                                         | , ,                    | udited                                     |                                        |  |
| Late reports are subject to possit                                                                  | ole civil and criminal penalties. Pu                                                                                                             | Irsuant to Iowa Code sections 68B.32                                                                                  |                        |                                            |                                        |  |
| SIGNATURE OF PERSON FIL                                                                             | ING REPORT                                                                                                                                       | 641-774-5902<br>TELEPHONE                                                                                             |                        | DATES                                      | IGNED                                  |  |
| I AM FILING A January 19, 20                                                                        | 009                                                                                                                                              | REPORT FOR (1) ELECTION                                                                                               | i /(2)NON-             | ELECTION YEA                               | AR.                                    |  |
| (re                                                                                                 | port date)                                                                                                                                       | Indicate by                                                                                                           | <del></del>            |                                            |                                        |  |
| ☐CHECK IF AMENDMENT TO                                                                              | REPORT DATED                                                                                                                                     |                                                                                                                       | Local Com              | mittees, enter Dal                         | te of Flection                         |  |
| Check if this is final (termina (You must continue to                                               | tion) report and attach Notice of file reports until a DR-3 is filed                                                                             | of Dissolution Form DR-3.<br>.)                                                                                       | 11/04/08<br>County & L | •                                          |                                        |  |
| STATEM                                                                                              | ENT OF CASH ON HAN                                                                                                                               |                                                                                                                       |                        |                                            |                                        |  |
| CASH ON HAND at the beginn committee. This amo of the last reporting pe                             | unt MUST be the same as the                                                                                                                      |                                                                                                                       | \$                     | 52.85                                      |                                        |  |
| ADD TOTAL MONEY                                                                                     | TAKEN IN THIS PERIOD                                                                                                                             |                                                                                                                       |                        |                                            |                                        |  |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)                  |                                                                                                                                                  |                                                                                                                       |                        | 49.01                                      |                                        |  |
| Schedule F: Loans Received total (Attach Schedule F)                                                |                                                                                                                                                  |                                                                                                                       |                        | 0.00                                       |                                        |  |
| Schedule H: Total Sa                                                                                | les of Campaign Property (Atta                                                                                                                   | ch Schedule H)                                                                                                        | **********             | 0.00                                       |                                        |  |
| (Schedule H applies to Candidates' Committees Only)  SUB-TOTAL\$                                    |                                                                                                                                                  |                                                                                                                       |                        | 101.86                                     |                                        |  |
| SUBTRACT TOTAL I                                                                                    | MONEY SPENT THIS PERIOD                                                                                                                          | r                                                                                                                     |                        |                                            |                                        |  |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)               |                                                                                                                                                  |                                                                                                                       |                        | 101.86                                     |                                        |  |
| Schedule F: Loan Repayments total (Attach Schedule F)                                               |                                                                                                                                                  |                                                                                                                       |                        | 0.00                                       | ······································ |  |
| CASH ON HAND at the end of                                                                          | this reporting period (if final rep                                                                                                              | ort balance must be zero)                                                                                             | \$                     | 0.00                                       |                                        |  |
| **UNPAID BILLS (From Schedule D - Attach Schedule D)                                                |                                                                                                                                                  |                                                                                                                       |                        | 0.00                                       |                                        |  |
| IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)                                         |                                                                                                                                                  |                                                                                                                       |                        | 0.00                                       |                                        |  |

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

**CANDIDATE COMMITTEES ONLY:** 

|  | For | Instructions, | See | Back | of Form |
|--|-----|---------------|-----|------|---------|
|--|-----|---------------|-----|------|---------|

## CONTRIBUTIONS -- MONEY TAKEN IN

| (Including candidate's personal funds)                        | (Rev. 07/03) | RECEIPTS       |
|---------------------------------------------------------------|--------------|----------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) |              | CK THIS BOX IF |
| Garrett For Supervisor                                        | AWIE         | ADING FORM     |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE<br>RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR            | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | √ IF FOR FUND-RAISER |
|--------------------------------|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|--------------------|----------------------|
|                                | ID#                                                         | D 0.1                                      |                                                  |                    | INCOME               |
| 10/25/08                       | CK#                                                         | Don & Janie Garrett 215 South 12th. Street | Self                                             | \$49.00            |                      |
|                                | ID#                                                         | Chartiton, Iowa 50049                      |                                                  |                    |                      |
| 11/20/08                       | CK#                                                         | Great nWestern Bank 201 North Main         | Interest                                         | \$0.01             |                      |
|                                | ID#                                                         | Chariton Iowa 50049                        | -                                                |                    |                      |
| İ                              | CK#                                                         |                                            |                                                  |                    |                      |
|                                | ID#                                                         |                                            |                                                  |                    |                      |
|                                | CK#                                                         |                                            |                                                  |                    |                      |
|                                | ID#                                                         |                                            |                                                  |                    |                      |
|                                | CK#                                                         |                                            |                                                  |                    |                      |
|                                | ID#                                                         |                                            |                                                  |                    |                      |
|                                | CK#                                                         |                                            |                                                  |                    |                      |
|                                | ID#                                                         |                                            |                                                  |                    |                      |
|                                | CK#                                                         |                                            |                                                  |                    |                      |
|                                | ID#                                                         |                                            |                                                  |                    |                      |
|                                | CK#                                                         |                                            |                                                  |                    |                      |
|                                | ID#                                                         |                                            |                                                  |                    |                      |
|                                | СК#                                                         |                                            |                                                  |                    |                      |
|                                | ID#                                                         |                                            |                                                  |                    |                      |
|                                | CK#                                                         |                                            |                                                  |                    |                      |
| ***                            |                                                             |                                            | SUB-TOTAL                                        | <b>\$</b> 49.01    |                      |
|                                |                                                             | TOTAL (if last page                        | of this schedule)                                | ¢ 49.01            |                      |

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 01 of 01 (for Schedule A)

\$ 49.01

SCHEDULE

Reset Form

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| Keset | Form       |
|       |            |

## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE  B MONETARY EXPENDITURE |                |  |  |
|----------------------------------|----------------|--|--|
| CHEC AME                         | CK THIS BOX IF |  |  |

COMMITTEE NAME (Must be same as on Statement of Organization)

Garrett Foe Supervisor

| DATE<br>EXPENDED | CANDIDATE<br>ID NUMBER<br>(if applicable) | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE           | PURPO<br>(DESCRIBE TRA                                             | OSE<br>ANSACTION) | AMOUNT<br>EXPENDED |
|------------------|-------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------|--------------------|
| (MM/DD/YR)       | AND PAC<br>CHECK<br>NUMBER                |                                                                              |                                                                    |                   |                    |
|                  | ID#                                       | Chariton Newspaper                                                           |                                                                    |                   |                    |
| 0/25/08          | ск#                                       | 815 Braden Avenue<br>Chariton, Iowa 50049                                    | Adevertising                                                       |                   | \$ 101.00          |
|                  | ID#                                       | American Logion Cod I. Co.                                                   |                                                                    |                   |                    |
| 2/12/08          | CK#                                       | American Legion Carl L. Caviness Post #102 P. O. Box 58 Chariton, Iowa 50049 | To close checking acc<br>Western Bank, 201 N<br>Chariton, Iowa 500 | orth Main,        | 0.86               |
|                  | ID#                                       |                                                                              | Chariton, Iowa 500                                                 | <del>49</del><br> |                    |
|                  | CK#                                       |                                                                              |                                                                    |                   |                    |
|                  | ID#                                       |                                                                              |                                                                    |                   |                    |
|                  | CK#                                       |                                                                              |                                                                    |                   |                    |
|                  | ID#                                       |                                                                              |                                                                    |                   |                    |
|                  | CK#                                       |                                                                              |                                                                    |                   |                    |
|                  | ID#                                       |                                                                              |                                                                    |                   |                    |
|                  | CK#                                       |                                                                              |                                                                    |                   |                    |
|                  | ID#                                       |                                                                              |                                                                    | <del> </del>      |                    |
|                  | CK#                                       |                                                                              |                                                                    |                   |                    |
|                  | ID#                                       |                                                                              |                                                                    |                   |                    |
|                  | CK#                                       |                                                                              |                                                                    |                   |                    |
|                  |                                           |                                                                              |                                                                    | SUB-TOTAL         | \$ 101.86          |

TOTAL (if last page of this schedule)

\$ 101.86

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

|      | 01 | ^1         |  |
|------|----|------------|--|
| _    | VI | . 01       |  |
| Page |    | of V1      |  |
|      |    | <b>U</b> 1 |  |